California Medical Clinic for Headache
2001 Santa Monica Blvd. #880W
Santa Monica, CA 90404
Tel: (310) 315-1456
Fax: (310) 315-1486

Month			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Day																																
Severity																																	
	Severe																																
	Moderate																																
	Dull																																
Duration																																	
	All day																																
	4-8 hrs																																
	<4 hrs																																
Assoc. Sx																																	
	Nausea																																
	Vomiting																																
	Light sens																																
	Sound sens																																
	Aura																																
Triggers																																	
Menses																																	
Meds																																	

Month			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Day																																
Severity																																	
	Severe																																
	Moderate																																
	Dull																																
Duration																																	
	All day																																
	4-8 hrs																																
	<4 hrs																																
Assoc. Sx																																	
	Nausea																																
	Vomiting																																
	Light sens																																
	Sound sens																																
	Aura																																
Triggers																																	
Menses																																	
Meds																																	

Instructions: Record your headaches each day at the end of the day. For each day of the month, record headache severity, duration and associated symptoms (nausea, light sensitivity, etc), any possible triggers and any medications you took to treat the headache. Also, for women, please record menstrual days whether or not you had a headache that day. If you do not experience a headache on a particularl day, leave it blank.